

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047279

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED DEC 31 1963

53

3010

580

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Cape Girardeau</u> | | c. CITY OR TOWN <u>Cape Girardeau</u> | |
| Length of stay in 1b <u>48 yr</u> | | Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) <u>St Francis Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>812 Missouri</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Carl</u> Middle <u>Campbell</u> Last <u>Campbell</u> | | 4. DATE OF DEATH Month <u>Dec</u> Day <u>23</u> Year <u>1963</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12-21 1998</u> |
| 9. AGE (last birthday) <u>65</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>International Shoe Company</u> | | 11. BIRTHPLACE (City and state or country) <u>Cape Girardeau Mo.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>International Shoe Company</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Cape Girardeau Mo.</u> | |
| 13a. FATHER'S NAME <u>C. V Campbell</u> | | 13b. MOTHER'S MAIDEN NAME <u>Martha English</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>812 Missouri</u> | |
| 17. INFORMANT <u>Myrtle Campbell, Cape Gir Mo.</u> | | 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypertensive Encephalopathy</u> DUE TO (b) <u>Hypertension, Severe</u> DUE TO (c) <u>Arteriosclerosis, generalized</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour <u>7:45</u> a.m. <u>11/16/62</u> Month, Day, Year | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION <u>Cape Girardeau, Missouri</u> | | 20g. COUNTY <u>Cape Gir</u> STATE <u>Mo.</u> | |
| 21. I attended the deceased from <u>11/16/62</u> to <u>12/23/63</u> and last saw him alive on <u>12/22/63</u> Death occurred at <u>7:45 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Deputy or title) <u>H. LeRoy Jackson M.D.</u> | |
| 22b. ADDRESS <u>24 North Sprigg St. Cape Girardeau, Missouri</u> | | 22c. DATE SIGNED <u>12/24/63</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>12-25-63</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Lorimier</u> | | 23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>Brinkopf Howell, Cape Gir Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-24-63</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Jimmie R. Kasten</u> | | | |

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

010700-1000

1000 0000

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Neil H. Grosshender

Licensed Embalmer No. 4894

P. O. Address Cape Girardeau Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

TAKEN TO DR PARSONS 12-24-63